

THE BUTTON SCURVY OF IRELAND*

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BY

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How many attending the Dublin meeting of the MSSVD noticed the statuette of Corrigan (1802–80) near the door of the reception room in the Royal College of Surgeons of Ireland? He appears to have been a powerfully built man with a very large head. He must have looked faintly comic, if not grotesque, heating the little shafted and handled metal button which he used to apply, hot, to painful areas such as those found in lumbago and sciatica. Thoughts on Corrigan's button (Fleetwood, 1951) were associated in my mind with Handel's "Messiah". Was it not in Dublin that it received its first performance and was Handel's life not saved in a youthfully fierce duel by a button? These whimsical associations, but an hour old, flooded back to mind when a postscript on the button scurvy of Ireland was suggested to me. How readily is the prepared mind committed.

Endemic forms of syphilis in the temperate zone of the northern hemisphere were noted in the 17th, 18th, and early 19th centuries. The *sibbens* or *sivvens* of Scotland was said to have been introduced into that country by Cromwell's army, in the 1650s. It was still being described as common in Dumfries a century later (Hill, 1772). A similar disease, *radesgye*, was common in Scandinavia, particularly Norway, about this period too. The likeness of these diseases to venereal syphilis and to yaws was widely noted (Hill, 1772; Bateman, 1813; Cazeanave and Schedel, 1828, 1842). Serious and painstaking efforts at detailed descriptions are found in these papers. One of the admitted handicaps was that descriptions of yaws or framboesia were almost all second-hand.

At the beginning of the 19th century two articles appeared from Ireland, both by authorities recognized at the time, and since, as acute observers and careful recorders. Each described a disease resembling but not identical with yaws and syphilis.

The first paper, by Wallace (1827), was entitled "History of a fungus eruption curable by mercury,

but not of venereal origin". Before proceeding to a discussion Wallace described three patients in detail. The first had a number of elevated skin tumours varying in size from "a filbert to a small walnut". When the yellowish-brown scab was removed it was found "to form a covering or cap to a fungus or excrescence of a pale or dirty pink colour . . . and exactly resembling in figure a small mulberry or raspberry". Five such lesions existed on the patient's trunk, neck, and arms and had been present for 6 months. The patient's wife had no evidence of the disease. Wallace noted how rare was the condition and that he received a negative reply when he asked if there was any history of gonorrhoea or chancre. The man's admission to hospital was arranged and he was treated with "60 grains of blue pill for a few nights". After 6 weeks all the lesions had entirely disappeared.

In the second case, which had many of the features of the first, Wallace noted that there were no bone pains such as those reported to be common in yaws. Mercury relieved this man of his lesions in 36 days.

Of the third patient, Wallace tells us that removal of scabs revealed lesions in the groin with "a granulated surface very considerably elevated above the level of the surrounding skin". There were widespread lesions which on removal of their scab exuded serum. They were tender and itchy when rubbed. In his thorough way Wallace pointed out that there were no lesions of syphilis and no bone pains.

The thigh, scalp, and trunk appeared to Wallace to be the most common sites for lesions, the number of which might vary from time to time in the individual. At the time of presentation he may have from a few to fifty "morula": *Morulus*, Wallace noted comes from *morus*, a mulberry.

The disease, he tells us, was demonstrated and described by Carmichael, an earlier venereologist in Dublin. Carmichael thought the condition to be of venereal origin. In considering further the differential diagnosis, Wallace admitted that he had never seen a case of yaws. He was, however, very familiar with

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the descriptions of others. Wallace noted that the majority of patients with "morula" were males trading in old clothes and rags, and that cases also occurred among the "peasantry". Between 1818 and June, 1826, Wallace saw 81 cases of the disease. On reviewing his notes he remarked that patients were never ill, that they showed none of the osseous or ocular complications so common with syphilis, that family contacts were not uncommonly affected (e.g. mother and child), and that there appeared to be no hint of sexual propagation of the disease.

One of the features of healing noted by Wallace was the lack of scarring, provided ulceration had not taken place. He knew of no disease "which exhibited the value of mercury more remarkably". Coming from Wallace this is an outstanding and important observation. Few in his time showed such care and expertise in the use of mercury in all its forms.

The other paper is one of a series of published lectures by Corrigan (1835). His lecture is entitled "Button Scurvy" and he warns his listeners to observe closely the case which he presents because the condition is very rare. The patient was a boy with a lip lesion. Removal of the scab and cleaning revealed a deep-red fungus lesion "higher at the centre than at the circumference and in colour and irregularity of surface appearing to be composed of a number of distinct, prominent granules; it bore a strong resemblance to a raspberry". The spongy consistency of the lesion underlined this comparison.

Corrigan had apparently seen several patients with the disease and showed plaster casts of their lesions. He confirmed Wallace's belief that the condition was endemic in the country districts of Ireland and affirmed its contagiousness, but made no mention of sexual contact. He thought the condition might possibly be "one of the many protean forms of syphilis" and he considered rupial syphilides as well as yaws and malignancy under differential diagnosis. In the case of yaws he felt handicapped and hoped that someone would soon give a first-hand account. In the meantime he contented himself with Bateman's second-hand account and listed therefrom the points of difference and resemblance between yaws and his own cases of button scurvy. In conclusion he stated, "I am far from presuming, however, to say that the two diseases are the same". There is no doubt from the writing that, although

Corrigan found the diagnosis and treatment of button scurvy "easy", the difficulty to categorize it perplexed him.

To the best of my knowledge no other such detailed contemporary descriptions exist of the condition or anything resembling it. How then are we to accept the descriptions of these two authorities?

The social background of the patients and the prominence of the affection in social contacts conform to the stories current in all forms of endemic syphilis. Absence of affected sex contacts, and absence of syphilitic lesions and complications of syphilis, all well-recognized at the time, is striking. The description of the lesions as bold, soft, granular, and red, occurring in more or less random distribution and responding so promptly and unfailingly to mercury, is convincing evidence of endemic syphilis and no less of yaws. The absence of bone pains is especially mentioned by both observers as differentiating the condition from yaws as they knew it. The nosological titles ascribed to like clinical descriptions in various parts of the world are of special interest. *Framboesia*, an alternative for yaws, is from the French *framboise*, raspberry. *Sibbens* is Gaelic for raspberry. Corrigan likened the lesion of button scurvy to this fruit, Wallace with *morula* preferred mulberry but mentions raspberry. Bateman (1813) tells us that the word "yaws" "in some African dialects signifies raspberry".

There seems to be little doubt therefore that the button scurvy of Ireland and morula are one and the same disease and that the disease was a treponematoses—almost certainly the form that we now call endemic syphilis.

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